| Caamatalaau | Tuguastani | Wanter I Got a D | 1.0 | KBHC USE ONLY | 7 | |
|-----------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Cosmetology Inspector: LINDA ALLEY 502-382-8356 Kiosk \$25.00 | | Kentucky State Board of Hairdressers & Cosmetologists 111 St. James Ct., Suite A Frankfort, KY 40601 (502) 564-4262 WWW.KBHC.KY.GOV | | License# | | |
| | | | | | | |
| | | | | | | |
| Business | \$25.00 | | | | | |
| Residential | \$25.00 | THREADING ESTABL | ISHMENT | | The second secon | |
| All sections | of this application m | nust be completed or the applic cashiers check or | ation will not money order. | be accepted. All fees must be in the | ie form of a | |
| 201 KAR 12:06 | 60 INSPECTIONS: 4 (| (1) All establishments licensed by | this board shal | l be inspected a minimum of two (2) t | imes per yea | |
| Name of Establishment:County | | | | | | |
| | | | | | | |
| Physical Adda | 'ess: | | (City) | (0) | | |
| Mailing addys | | | (City) | (State) | (Zip Code) | |
| ivianing addre | 38; | | (City) | (State) | (Zip Code) | |
| County: | | Bus | iness Numb | er: () | | |
| | er: | | | | | |
| Traine of Own | (Fire | st) (A | 1iddle) | (Last) | | |
| Social Security Number: | | | Date o | f Birth: | | |
| Owners Home | Addrage | | | | | |
| Owners Home | (Stre | eet) | (City) | (State) | (Zip Code) | |
| | | | | ature: | | |
| | | | License Number: | | | |
| Salon Manage | r Signature: | | | Date: | | |
| | | | | ** If yes, you must submit docu | • | |
| *SIGNATURE OF REQUIRED FOR I | ZONING COMMISSI KIOSK) THE ABOVE | ONER/BUILDING INSPECTOR C SAID PROPERTY MEETS ALL R | R ELECTED O | Date: DFFICAL (MALL MANAGEMNET SI I'S OF LOCAL ZONING REGULATION | GNATURE DNS. | |
| | | | | Date | | |
| *SIGNATURE OF INSPECTED BY M | STATE PLUMBING I IE AND FOUND TO M | NSPECTOR (NOT REQUIRED FO | OR KIOSK) TH | Date: E ABOVE SAID PROPERTY HAS BE STATE PLUMBING PHONE # 502-573 | EN (307) | |

* SIGNATURE OF STATE SALON INSPECTOR I HEREBY STATE THE ABOVE SALON HAS BEEN INSPECTED BY ME AND FOUND TO MEET ALL REQUIREMENTS FOR THE ABOVE SALON IN ACCORDANCE WITH THE ADMINISTRATIVE REGULATIONS OF THE KENTUCKY STATE BOARD OF HAIRDRESSERS & COSMETOLOGISTS.

SEE 201 KAR 12:100 FOR SANITATION STANDARDS